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LEADING ARTICLES

INHIBITION OF THE ASTHMATIC PAROXYSM.

ALBERT ABRAMS, A. M., M. D.

SAN FRANCISCO.

THERE are many asthmatics who obtain almost immediate relief from a certain American proprietary remedy employed as a nasal spray. I have never prescribed a remedy, the ingredients of which were unknown to me, hence my acquaintance with this particular spray, has been achieved by contact with asthmatics, who employed it to the exclusion of everything else. I sought to dissuade them from using it, knowing fully well that it contained cocain, and that its employment would engender a habit. My efforts in this direction, however, proved unavailing. They argued, that its continuous use provoked no habit, for the reason, that notwithstanding its persistent use, no augmentation of dosage was necessary to secure relief. It was quite evident, that unless I could substitute a legitimate agent for the one in question, all my admonitions would pass for naught to the suffering mortal, who reasonably declined to have ache charmed with air and agony with words. It has been my constant endeavor to fathom the nature of this proprietary remedy, and failing in this, I hope to interest others in investigating this subject. Therefore, I will in this contribution succinctly summarize the results of my observations. The arrest of an asthmatic paroxysm by means of a nasal spray possesses a distinct advantage over the inhalation of the smoke of various antispasmodic agents. The inhalation of the latter permits of the entrance into the bronchial tree of adventitious substances which maintain what I am pleased to call a "foreign body bronchitis." I have seen many intractable cases of bronchitis associated with asthma which have evanesced after the disuse of smoking antispasmodics, and it is quite evident to me, that in many instances where bronchitis survived the cured asthma, the former was originally provoked by the inhalation of antispasmodic remedies. Analyses have repeatedly been made of the proprietary remedy in question. An old analysis by Aufrecht, demonstrated the presence of the following:

Cocaine mur	1%
Kalii nitric	5%
Glycerin	35%
Water	25%
Plant extracts (stramonium)	4%

A more recent analysis by Bertram (Medizin. Klinik, April 9, 1905), shows it to consist of an aqueous glycerine solution of natrium nitride 4%, atropin sulphate (about 1%) and a not determined plant extract. From the analyses thus far made, there is always an hiatus, the mythical something which is stigmatized as a plant extract. Bertram suggests the following cheaper substitute for the proprietary remedy:

Atropin sulphat	0.15
Natrii nitrosi	0.6
Glycerin	2.0
Aq. destill	15.0

M. S. Atomize for three minutes in each nostril and inspire deeply.

The use of the latter formula in my experience has been found disappointing and is in no wise fitted to supplant the proprietary remedy.

Having concluded that the analyses thus far published must be erroneous, for the reason that their employment was without appreciable results, I approached a solution of the problem in another direction, viz., the de-

termination of the physiologic action of the proprietary remedy in question.

Primarily, one must study the nasal mucosa as a center for the discharge of reflexes. Some years ago in an article on, "Heretofore Undescribed Neuroses of the Lungs" (New York Medical Journal, June 13,1896), I stated the premises upon which my conclusions were formulated. The first proposition was, that there are conditions of nasal reflex genesis manifested by dilatation and contraction of the lungs. The second proposition was that the pulmonary neurosis of lung dilatation can be invoked in every healthy individual by any irritation of the nasal mucosa. At that time I maintained that the vagus contained fibres which could dilate or contract the bronchi. Auld of London, England (Lancet, October 17,1903), referring to the epoch-making researches of Dixon and Brodie, says, "It undoubtedly belongs to the credit of Abrams, to have proved at least seven years since by a simple clinical observation, that the vagus must contain broncho-dilator as well as bronchoconstrictor fibres." Now, when the proprietary remedy is sponged into the nose even of a normal individual, it will be noted, that after a few minutes the normal lung resonance on percussion will be supplanted by dullness and, in some chest regions, a flat percussion note is elicited (Abrams' lung reflex of contraction). The same reflex phenomenon was observed in asthmatics. It may be noted parenthetically, that hypodermic injections of adrenalin possess the same action in translating lung resonance into dulness or flatness. Adrenalin subcutaneously only, is perhaps one of the most efficacious remedies for arresting a paroxysm of asthma. I employ the adrenalin chloride solution (1 in 1000) of Parke, Davis & Co., of which 8 to 15 minims are injected. It is rarely necessary to repeat the dose. I have found it equally serviceable in many forms of dyspnea even when morphin was without effect. It remains to be seen how far experimental adrenalin atheroma will influence the clinical employment of the drug. We owe the hypodermic use of adrenalin chloride to Bullowa and Kaplan (Medical News, October 24, 1903).

Next I ran the gamut of all the recognized antispasmodics to determine their effect on lung resonance by nasal instillation. I concluded in brief, that employed alone, they induced lung dilatation (Abram's Lung Reflex of Dilatation) and only when combined with cocain was it possible to obtain the same percussional lung effects as from the proprietary remedy previously referred to. Hence to the formula suggested by Bertram add 3% of cocain. The formula thus constituted is the nearest approach in my opinion to the proprietary remedy in question. I contend that the theory of asthma must not be based alone on a spasm of the circular fibres of the bronchi, but on an inability of the weaker, longitudinal fibres of the bronchi being unable to expel residual air imprisoned by the circular fibres. The effect of the proprietary remedy, like other efficient antispasmodics in arresting the asthmatic attack, is caused in my opinion, by the contraction of the longitudinal fibres of the bronchial musculature which are no longer antagonized by the circular fibres. The action has its analogue in the bladder musculature when, in consequence of a spasm of the sphincter vesicae, the weak detensor vesicae, cannot expel the urine and ischuria spastica results. Everything speaks for the correctness of this theory. Thus, in asthmatics, owing to the feeble development of the longitudinal bronchial muscular fibres, or to the excessive development of the circular ones, it is impossible to elicit the lung reflex of contraction, or at any rate, it is but feebly expressed. My tracheal traction test is practically lung contraction induced by vagus stimulation when the head is thrown forcibly backward, during which time percussion of the chest is executed. It will be found that in health this test is positive, i.e., when the head is thrown back or forcibly to the right or left, percussion over the manubrium sterni and lungs contiguous thereto, will yield a dull or flat percussion sound, which is rather felt than heard (palpatory percussion).

This test is positive in health and in all cardio-pulmonary affections, but it is not present in all instances of idiopathic asthma. I have already shown that inhalations of amyl nitrit (American Medicine, January 3, 1903), which often succeed in arresting asthmatic paroxysms, induce the lung reflex of contraction. This remedy recently so highly vaunted for the arrest of hemoptysis, owes its efficacy in my opinion, not to any alteration in blood pressure, but to the production of a veritable lung reflex of contraction. Amyl nitrit in hemoptysis may justly be regarded as a specific. In individuals who suffer from asthma of presumable nasal genesis, I have frequently found, that stuffing both nostrils with cotton will precipitate a typic asthmatic attack. Even though a paroxysm may not be induced, one may hear on lung auscultation, after the cotton test, the rales peculiar to asthma. Two factors, psychic and reflex, operate in this test. A psychic stimulus sets up directly an altered visceral condition. Thus the firm impaction of cotton in the nasal cavities creates the con-

cept of air hunger which is followed by the automatic employment of agencies which tend to combat it. The reflex factor is undoubtedly predominant, insomuch as previous cocainization of the nasal mucosa, will with the cotton test in most instances inhibit any tendency toward a paroxysm. In the employment of agents by the nasal route for the arrest of an asthmatic attack, I cannot deny the possibility of absorption. Thus in experimenting with various antispasmodics, I often induced physiologic and even toxic action of the drugs in question. In several instances intractable emesis followed the insufflation of apomorphin. These observations taught me the very important fact, that the nasal mucosa is a suitable channel for the introduction of medicaments into the body. Thus with apomorphin, nausea and emesis in several instances were induced by less of the drug through the nose than by the stomach. The eventual mastery of asthma will be accomplished along the lines of least resistance. It will not be a subjugation of spasm, but of conditions which can antagonize spasm. In other words, spasm in the presence of circular and longitudinal fibres is an expression of enfeeblement contending with strength, and to annihilate this anomaly, we must direct our efforts toward toning up the longitudinal fibres of the bronchial musculature. This is not an impossible task, if we but appreciate the fact, that the lung reflex of contraction can be evoked.

Coeducation was roundly condemned by President G. Stanley Hall, of Clark University, in his paper recently read before the American Academy of Medicine, in Boston. From his profound studies of adolescence, Dr. Hall is entitled to consideration and his opinions will have great weight in the present tendency to separate the sexes in the public schools after 12 years of age. It is quite likely that the vast majority of the medical profession already agree with Dr. Hall though from different motives. His opinion is based upon the fact that the life role of men requires a set of mental characteristics, the opposite of those of women, and that to modify either sex by training it in the atmosphere of the other, is to unfit it for its struggle for existence. A compromise of methods is unsuitable for either. Boys must be trained to greater manliness and girls to greater womanliness, so that each will be able to supplement the other. Coeducation may not produce long haired men and short haired women, but its tendency is that in that direction.—Am. Med.

POSTMORTEM REPORT OF A CASE OF RUPTURE OF THE STOMACH, DUE TO GASTROMALACIA.*

J. A. HARTMANN, M. D.

ST. LOUIS, MO.

The following case is of considerable interest because of its rarity, and because of its etiology which is unusual. I regret that the records are far from complete; the examination was made under most unfavorable auspices, in the home of the deceased, on the undertaker's cooling board, and with such limited facilities as were at hand. The stomach only was removed for demonstration to the coroner and for chemical analysis.

On July 22d, 1906, the case was reported to the coroner, and early in the day I was ordered to make a post-mortem, as death occurred suddenly and without medical attendance, and the cause of death as given by the family (heat-stroke), did not seem tenable as the night previous had been but moderately warm, and the death had occurred in the early morning. The police evidently inclined to the theory of self-destruction, as did the reporters for the daily press who were present. The residence was remote from my office, and I arrived at 5 p.m. and immediately proceeded with the examination.

The body was that of a young woman of 25 years, Jewish, a native of Hungary, and for six years a resident of St. Louis. A very incomplete family history could be elicited; her mother died at the age of about 50 of heart disease; her father lived to the age of 78, the cause of his death was said to have been senile debility. Three brothers living, all in good health; one dead, his death at 37 having been due to brain fever. A brother stated that the deceased had never been really sick in her life; she had had the hardy rosy cheeks, and such color as is the picture of health and is found in many foreigners on their arrival in America. Her occupation had consisted in general housework and care of her brothers' home. She first complained of indisposition three years ago, when she attributed her trouble to her heart. She had taken on flesh rapidly, a matter which disturbed her considerably, and which seemed a contributory cause for periods of depression and melancholia, her imagination centered on the point that she was getting too stout. This was aggravated by members of the family twitting her of being fat. To counteract this tendency to superfluous flesh, she had begun at a time about two years previous to her death, to limit her diet as closely as pos-

*Read before the Macoupin County (Ill.) Medical Association at Carlinville, October 16, 1906.

sible to acid foods; eating pickles and drinking vinegar and other acids for their supposed therapeutic effect, and avoiding all fat producing foods. This had been continued up to the time of her death.

On the evening of July 21st, she had seemed in usually good health, she had spent the evening with a brother and his family in a distant part of the city; he states that they noticed that she was in unusually good spirits. On her return home she retired without complaining of feeling ill. In the morning she arose at supposedly the usual time (about 6 a.m.) and walked to the bath-room, a distance of about ten feet, and in the bath-room fell forward striking her forehead on the edge of the tub causing a contusion described below. The family, on hearing the fall, hastened to the room and found her lying on her face on the floor. A physician was hastily summoned and pronounced life extinct. The case was reported to the police, and they in turn reported to the coroner, who ordered the post-mortem examination.

The body was that of a white female, height 5 feet 3½ inches and weight about 140 pounds; well nourished, but very anemic, having the waxy color, indicative of possible internal hemorrhage. There were no external evidences of violence, except a small superficial circular contusion about three-fourths of an inch in diameter, situated on the forehead, above the left eyebrow, close to the margin of the hair, and which was so insignificant that it could have played no part as a cause of death. There were no burns about the lips, tongue, or mouth and no odor was discerned.

A median incision was made from the supra-sternal notch to the symphysis pubis, exposing the abdominal viscera; the left side of the abdominal cavity was filled with altered blood clots, and pure blood, much of which had to be removed before the viscera could be examined; the blood clots covered both the anterior and posterior walls of the stomach at the fundus, completely surrounded the spleen, and a considerable quantity was found anterior to the left kidney. The space between the diaphragm and the left lobe of the liver and between the left lobe of the liver and the stomach was filled. The hemorrhage area being the left side of epigastrium, left hypochondrium and the left lumbar regions.

The peritoneum was found normal, the stomach collapsed empty, and markedly congested, its mucous coat was dark brown, there was an entire absence of rugae; this even extending to its pylorus; its walls were very thin and slimy and were translucent when held to the light, showing an evident atrophy of the muscular coat. There were no evidences of gastric ulcers, past or present, but there was an irregular tear along the fundus, following the greater curvature and situated anterior to the gastro-splenic omentum; this was about four inches in length, the peritoneum was retracted from its edge, and at the edge the stomach wall was of the thickness of thin paper, and over the rest of the stomach was but slightly thicker. The examination of the other viscera showed the liver and gall-bladder normal, the common duct patulous; the intestines were empty, a chronic catarrhal duodenitis was discovered, but there was no other pathological lesion of the intestines. The pancreas was normal; the left kidney was movable, but the kidneys were otherwise normal as were the ureters. The bladder showed a mild cystitis at the trigone, it contained about two drams of clear, light colored urine. The uterus showed a subserous fibroid, about one inch in diameter, situated on the posterior wall, near the fundus, it was otherwise normal. Both ovaries were cystic.

The sternum was then removed, and the thoracic organs were found in normal position; the pericardial cavity contained about an ounce of citron colored fluid, the heart was normal in size and showed a slight degree of fatty degeneration. The semi-lunar valves of the aorta were slightly thickened. The arteries were markedly atheromatous. The plural cavity showed pleuritic adhesion on both sides, but no effusion. The lungs were normal. The mucous membrane of the esophagus was silver white in color, very thin and easily torn.

The scalp and skull were normal, the coverings of the brain and the brain itself were normal. This narrowed the examination down to a consideration of the conditions presented by the stomach.

Owing to the extreme thinness of the walls of the stomach and the congestion and dark color of the mucous membrane of that organ, a chemical analysis was made of the stomach substance, there being no contents, for the following poisons with results noted; the regulation tests being used.

Carbolic acid—negative.
Corrosive sublimate—negative.
Caustic potash—negative.
Caustic soda—negative.
Phosphorus—negative.
Nitric acid—negative.
Silver nitrate—negative.

Hydrochloric acid could be detected, though not in abnormal quantity. A digest of portions of the stomach was made which showed acetic acid very definitely. Test was made for acetic acid by digesting the stomach substance with distilled water and filtering, the color of the filtrate was light straw with de-

cided acid reaction; the odor of acetic acid was marked. Neutralizing with ammonia water and ferric chloride test solution added a blood red color proved the presence of acetic acid, this was confirmed by the color being dispelled on the addition of sulphuric acid.

The examination left us with a confirmation of the opinion that death was due to the development of the condition by violence of diet. We were told that the deceased has not only used an acid diet, and that for a long time, but that she had been known to drink pure vinegar, and that at frequent intervals.

The chemical analysis of the stomach confirms these statements and demonstrates the morbid effect thereof. Whether or not the rupture of the stomach occurred before, at or after death, is a matter which we cannot definitely determine; its cause may have been hemorrhage in the stomach, or an accumulation of gases, the presence of either may have occasioned her arising and going to the bath-room where in falling the stomach was ruptured or the rupture might have occurred from the same cause even before she arose from her bed. It would seem that spontaneous rupture of the stomach rarely takes place, then only as a post-mortem condition, or in the agony just preceding death (Stengel).* In this case we have absolute cause for the malacia by chemical examination and the previous history of the case. The fact that the deceased retired in what was considered by her family normal health, in conjunction with the fact that there was no terminal edema in either lung, proved conclusively that death was sudden. It seems possible that there may have been a tear in the mucous membrane, or that an artery ruptured in the stomach wall (the arteries is being atheromatous) causing hemorrhage into the stomach, and that the weight of this blood and the effort of the stomach to get rid of it could have resulted in a rupture at the thinnest part, which in this case was at the fundus. Had gases sufficient to cause the tear been generated in the stomach, one would have expected to find distention of the abdomen, which was not present. Such a condition would in all probability have occasioned great distress and caused the deceased to gain relief, either by changes of position or by direct pressure. In either or both attempts, the stomach could have been torn. Another interesting fact brought out in this case was the marked atheroma of the arteries in one so young, which no doubt was occasioned by the peculiar acid diet, bearing out the theory that the condition was produced by dietetic causes.

In looking over the literature on this subject, I find according to Cattell,† that when the contents of the stomach are found in the peritoneal cavity, care must be taken to determine whether the escape was due to (a) post-mortem digestion, or autopepsia; (b) to trauma; (c) to perforation from a gastric ulcer, or from chemical erosion by poison, etc.; (d) to the presence of (b) and (c) with the factor (a) as the real cause. In the first case, the ingesta are usually widely distributed throughout the abdominal cavity, though more plentifully in the immediate neighborhood of the perforation; the rent is large and irregular and the walls are soft and slimy, while in disease the opening is apt to be small and circular and surrounded by evidences of hemorrhage and peritonitis, undigested food enters the peritoneal cavity through a breach in the gastric wall.

Auto-digestion is especially frequent in cachectic children. I think while there is a possibility of there having been a certain amount of post-mortem auto-digestion, after a part of the stomach had ruptured, the previous history of acetic acid poisoning which we found so clearly before and after death, would correspond to the cause of rupture by Cattell under (c) chemical erosion, and the positive evidence of recent hemorrhage.

Unfortunately the specimen passed out of my control before I made a microscopic examination, but the fact of such extremely thin walls is in itself proof of atrophy of the muscular and the mucous coats which was undoubtedly the result of the diet.

My thanks are due to Mr. H. P. Leftwich for his painstaking chemical analysis, and also to Dr. Jules Baron, coroner, for allowing me the privilege of reporting this case.

1228 South Broadway.

REST CURE.—Six weeks in bed was the old treatment for acute articular rheumatism. Six weeks in typhoid, six weeks in iritis, six weeks in gonorrhea at its best, and six weeks in so many other infections, all suggest that perhaps here there is the basis for some kind of a generalization. Perhaps the organism really requires six weeks to gather its forces and manufacture its supplies to defeat an army of invading parasites of certain species and repair the damage they inflict. It is a thought well worth following up. Even if there is no such general law possible, it is a good rule to impress upon patients even in the most trivial complaints—a cold—an influenza—a depression from overwork.—Am. Med.

* Alfred Stengel's Pathology, 1903 edition, page 529.

† Hy. W. Cattell's Post-Mortem Pathology, 1905 edition, page 87.

THE MAN WITH WHOM YOU MUST LIVE.

A. L. BENEDICT, M. D.

BUFFALO.

III.—TALKS TO RECENT GRADUATES.

SOME one has said that everyone should try to live in the society of his superiors and, some one else has asked what would happen if the said superiors should, themselves, adopt the same rule. In a broad sense, however, every man is, at one time or another and in one respect or another, the superior of every other man. It does not seem a wise, certainly not a generous policy, always to seek the society of those who can help us and yet, in the long run, it is both wise and just to select associates who will draw us upward rather than downward. Every man has one associate whose society he cannot avoid, with whom he must spend more time than with anyone else—himself.

Right here, we wish to state that this article is not exactly a sermon, although it might be prefaced with one of a number of Bible texts, and that it is not a report of one's own case. The physician who reports his own case, does not always have the proper perspective and, besides, we dislike to report a case which has turned out not altogether successfully, and in which we are not even sure that the diagnosis is accurate.

It is scarcely necessary to state that this man with whom we must spend the greater portion of our lives, ought to be decent and honorable. We do not want to be tied down to the society of an abortionist, for example. Very early in your professional career, you will be asked to do an abortion. The request may come from a prostitute or a woman who, without mercenary motives, leads a rather promiscuous sexual life. Such a woman has already had so many abortions that she thinks nothing of them, if she cannot induce you to perform the necessary operation, she will go to this or that other physician, perhaps naming one of good standing and repute. At any rate, as the abortion is going to be brought about anyway, you might as well perform it. Or, the case may be the one of the melodrama or of the sexual morality lecturer or of the novelist: the innocent girl betrayed and struggling to maintain her reputation. Her argument is still more cogent and eloquent. There is nothing that you can say to her that she does not know and realize to be correct on general principles but, in regard to her particular case, there is not an argument or an appeal to conscience or a cold-blooded statement of practical danger that she cannot meet with a better, stronger and more eloquent plea. Or the request may come from some respectable married lady, of wealth and influence, who has nothing to fear as to reputation but who, as a matter of health, or convenience, or economics, or whim, wishes to limit her offspring. The request may come from some male acquaintance, perhaps your former chum, who is up against it—it may be his fiancee is involved or some other girl, when his wedding day is already set. Perhaps the request comes from some older man or woman, to whom you have looked up for years, as an adviser, a model of good morals, an active church worker, a professional colleague.

From whatever source the request comes, bear in mind two important facts: You do not need to explain the iniquity of an abortion nor its serious risk; everyone who has any sense at all, realizes these points. Neither can you summon any logic nor eloquence that can equal the need and the earnestness of the person who wants the abortion performed. One more fact may be stated: an abortionist who is aseptic and not too clumsy, can enjoy a lucrative practice, with very few deaths and the man who refuses to perform abortions will lose a good deal of practice and will make enemies of many influential persons.

Now, having these facts clearly in mind, make up your mind that you will not perform your first abortion, refuse to discuss the matter with applicants, and stick to your principle, which is simply a corollary of the sixth commandment, regardless of financial losses. It isn't pleasant to live with a murderer, however successful his practice; and, besides, the professional murderer is bound, sooner or later, to be found out.

Abortion is about the only out and out crime, to which the physician is particularly tempted. You will read in detective stories of physicians who administer poison to assist in securing life insurance, who run slender needles into the medulla oblongata in order to hasten the execution of wills, who chloroform disagreeable relatives, or who prepare cultures of cholera spirilla to bring about a change of political regime. But, whereas any physician, however good his standing, will be importuned to perform an abortion, every few months, the average physician will never in his life, be asked to perform post-natal murder. Neither will he, more than any other man, be sought to perform other gross crimes.

You will, however, probably be tempted to do many acts that, while not strictly criminal nor in gross violation of divine law are unethical and dishonorable. If you are a religious man, don't imagine that you can live

simply with an idea of getting into heaven. According to the very best authorities, a great many very disagreeable, mean and narrow-minded individuals are sure to go to heaven, and you don't want to spend your earthly existence with such a one, even if he will finally be renovated.

First of all, let us consider out and out quackery. There is nothing essentially sinful in having a large sign or in mailing cards, dodgers and almanacs to persons whom you do not know, nor in paying for newspaper advertisements, nor in bragging about yourself as wonderfully gifted, nor in making a partnership with some fancy name. All of these methods are used in other businesses. Some are, in and of themselves, perfectly straightforward, others are merely the harmless exaggeration and distortion of the literal truth, that people expect and discount in advertisements. Why are they unethical? Let us answer this question with another: Why are you tempted to resort to them? Because you expect they will increase your trade. But why will they increase your trade? Because most physicians are too gentlemanly to employ them. There you have the gist of the whole matter of ethical objection to quackery. It is not that any one means of advertising is, of itself, sinful or dishonorable but merely that the man who resorts to these means is competing unfairly and is relying on the fact that the majority of his opponents are too honorable to resort to his own tactics. The quack is like the man who looks at his opponents hand in a game of cards, like the pugilist who strikes a blow when his opponent is giving him a generous chance to recover himself, like the man who slips into a seat in a crowded car that the man ahead of him is offering to a woman. Don't tie yourself for life to this kind of a companion, rather pick out an honest thief or square burglar.

However, if you are going to be a quack at all, at least be honest enough to proclaim yourself as playing an unfair game. Don't compound your dishonesty by pretending to be ethical. If you want newspaper advertising, pay for it like a man, don't pull the legs of editors and reporters for puffs. Or, at least, don't be a hypocrite of the third degree who gets his assistant to look after the press notices and then proclaims to his students and colleagues that he hates newspaper notoriety, who indirectly sends word to the papers that he will operate on a rare case at clinic, and then makes a sensation that will certainly invite public comment, by ejecting a reporter. It is unpleasant to live with an openly unfair man, it is worse yet to live with a second or third degree sneak.

Just a few words about sexual morality. Without regard to abstract right or wrong, human experience has shown that anything approaching free love is incompatible with either advanced savagery or civilization, although in a very low state of savagery or in a state of barbarism with virtual or actual slavery for part of the people, various phases of free love or, at least, polygamy, may exist. But it is a crude, hard fact, that in any large community, there is very nearly one woman to each man, and that whenever the stress of living is great enough to make the life worth while, the necessary effort of taking care of the weaker and dependent part of the race, will not be made unless the average man is sure of his own wife and his own offspring. It is true that a great many persons are too weak to resist temptation, and that peculiar circumstances and, especially, the application of excellent general laws to exceptional cases, do occasionally almost seem to justify the violation of the general principles of sexual morality. But society can exist only as these principles, are generally adhered to. However, as a man, you must observe or break these rules according to your own understanding of right and wrong. As a physician something more is expected of you. The Hippocratic oath fully covers the ground. It is one thing to be morally bad, as a man; quite a different matter to take advantage of the peculiar trust imposed in you as a physician. If you are going to play this game, at least play it fairly, against a woman fairly armed to resist you, mature enough to judge for herself, and with no sense of obligation to you for favors of employment as your assistant in any capacity, and not disposed to yield to you by reason of a confidence or affection due to your professional ministrations.

The gross violations of morals have no special relation to medical practice, but there are many little ways in which this life companion ought to be trained. Don't live with a man that has a petty, jealous disposition. If you find that it hurts your feelings to learn that a friend is sick and has employed some other physician; if some one praises a rival and you have to pull hard to get up kind words from your throat; if the news of another physician's downfall comforts you, go and kick yourself until you are cured, otherwise, eventually, others will kick you.

Don't be narrow. There is something seriously wrong with a physician who is simply an appendage to a sign and an obstetric bag. You should always be advancing in your chosen art and science and, unless you are so unfortunate as to justify the most modest estimate of yourself, you should be a pro-

ducer, as well as a consumer of medical knowledge. Be both a user and a maker of medical societies and medical journals.

However broad a physician, a man maybe, he is narrow if he remains only a physician. A thoroughly well rounded man must be mediocre in everything but every man should have at least one hobby, intellectual or social, selfish or philanthropic, outside his life work. We cannot all be a poet like Holmes, or a genealogist like Stiles, or a muscial composer like Hemmeter, or a novelist like Doyle, or an executive or politician like Wood. But be something or do something, however humble and useless, so that you will know somebody besides those who are sick.

In short, spend your life with a man who is not only a fairly good and conscientious doctor, but a decent man, a gentleman and, not necessarily a scholar but an active, interesting fellow.

PUBIOTOMY AND ITS RELATIVE INDICATIONS.*

E. B. MONTGOMERY, M. D.

QUINCY, ILL.

AFTER a brief sketch of the history of symphysiotomy from which pubiotomy is an outgrowth, both accomplishing the same object of equally enlarging the pelvic diameters, the author gives an extended review of the literature of the subject giving all cases reported in medical journals and transactions, as well as verbally and by letter. The number has now reached about 300, with a total mortality of 2-3 per cent, and a mortality in cases aspetic before operation of 0 per cent. There has been no morbidity or impairment of gait. Comparing these figures with those given in Rubinrot's exhaustive study of symphysiotomy, the author concludes that pubiotomy should absolutely replace the former in all cases in which it would otherwise have been done.

On account of smaller mortality it should replace Cesarean section where that would otherwise be chosen, in all cases having a conjugata vera of 7 cm. or over in rachitic or contracted pelves. It should absolutely replace embryotomy in the living child, presenting practically no greater risk to the mother and saving the life of the child. It should largely replace induction of premature labor, or by combining pubiotomy labor may be induced at eight months, or later, increasing the chances of the living child and making the pelvic section less disturbing by requiring less separation of the divided bone.

DR. E. B. MONTGOMERY.

The various modifications of Gigli's technique of this operation are discussed in detail, and a full bibliography of the subject is appended.

* Abstract of a paper read before the Mississippi Valley Medical Association, Hot Springs, Ark., November 7, 1906.

"WHEN your position demands that you use your own judgment, no other person's judgment will be as good."

THE CONDITIONS OF FEMALE AND CHILD LABOR.—Mrs. J. Ellen Foster has been detailed by the President from the Department of Justice, to investigate the conditions of female and child labor throughout the United States.

"ETHER DAY" was celebrated at the Massachusetts General Hospital on October 16th, thus celebrating the sixtieth anniversary of the performance of the first operation under ether at that hospital. The event is commemorated each year, the custom having been instituted ten years ago.

AT the annual meeting of the Denver Clinical and Pathological Society, October 20, Dr. C. B. Van Zant was chosen president; Dr. George B. Packard, first vice-president; Dr. George H. Stover, second vice-president. Re-elected were the secretary, Dr. Frank W. Kenney; the treasurer, Dr. J. A. Wilder; the committee on admission, Drs. Jayne and Bergtold; and the executive committee, Drs. Lyman and Hickey.

The Medical Society of City Hospital Alumni

President, LOUIS H. BEHRENS, 3742 Olive Street
Vice-Pres., WALTER C. G. KIRCHNER, City Hospital
Secretary, FRED. J. TAUSSIG, 2318 Lafayette Ave.
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OFFICIAL TRANSACTIONS.

A CASE OF CANCER OF THE CERVIX ASSOCIATED WITH FIBROIDS AND OPERATED ON BY THE RADICAL ABDOMINAL METHOD.*

FRED. J. TAUSSIG, M. D.

ST. LOUIS, MO.

THE patient, Mrs. W., aged 71 years, came into my charge at the St. Louis Skin and Cancer Hospital on April 21, 1906. There was no history of cancer in her family. Menstruation began at the age of 15, and was in every way normal until she was 35 years old. At this time she began to notice a decided increase in the menstrual flow and the growth of some tumor in the pelvic region. This her doctor declared to be a uterine fibroid. Treatment consisted of ergot given internally. The tumor remained stationary in size until the menopause, which set in between the forty-fifth and fiftieth year. The tumor rapidly diminished in size after this. Noteworthy is the fact that although the patient had been married since her twenty-first year, there had resulted no pregnancy. Everything went well until July, 1904, when she began to notice a slight blood-tinged discharge. Soon thereafter she observed upon taking a douche a moderate hemorrhage. From this time she grew steadily worse, but it was not until October, 1905, a year and a quarter after the first onset of her trouble that she consulted a physician. He did not advise operation, but prescribed a wash. The discharge now became odorous and the bleeding was hemorrhagic whenever the growth now felt protruding into the vagina was touched.

In general appearance the patient was rather emaciated, appetite, poor but not very anemic, considering the duration of her bleeding. A cauliflower mass, the size of a man's fist was found obliterating the vagina. Much to my surprise I found that the uterus was still freely movable, and that by recto-vaginal examination there was seen to be no infiltration of the pelvic connective tissue. The pathologic examination made by Dr. McConnell of a piece of the tumor showed a medullary carcinoma of the cervix.

*Read at the meeting of Oct. 4th, 1906.

On May 3 I performed a radical abdominal pan-hysterectomy. The uterus was found adherent to the rectum with several myomatous nodules upon its surface. In freeing the tissues about the right ureter, according to the method of Wertheim, a ligature was accidentally slipped around this structure. The mistake was shortly afterwards recognized and the ligature cut, but in so doing the ureter was necessarily exposed for some distance. About one inch of the vagina with its connective tissue was removed with the uterus and adnexa. The operation lasted one hour and fifty minutes.

Outside of post-operative urine retention with a resultant cystitis the patient for the first twelve days made a good recovery. On this day there was noticed the escape of some urine through the vagina. It soon became evident that a partial necrosis of the right ureter had taken place and the fistula resulting in spite of all endeavors, refused to close. When the patient left the hospital, on June 23, her general condition was excellent. A secondary operation for the relief of the fistula was advised, but the patient refused to have this done. The last examination, made two and one-half months ago, showed no return of the cancer.

The further microscopic examination of the specimen removed showed that apparently the excision had taken place in healthy tissue.

The special points of interest in the case outside of the type of operation, which in this city has been done only three or four times, are: (1) The unusually slow growth of the cancer, being operable two years after the onset of bleeding; (2) its occurrence in a nulliparous woman associated with fibroids of the fundus; (3) the necrosis fistula resulting from undue exposure of the ureter.

REPORT OF CASE OF ENCEPHALO-CYSTO-MENINGOCELE, OPERATION, PRESENTATION OF SPECIMEN.

Two days ago I was called to a confinement case. Before delivery nothing abnormal was noted, but the indistinct fetal heart beat, which was about 115 or 120 per minute.

As the head dilated the perineum I noticed a swelling in the region of the posterior fontanel. It was readily recognized as a meningocele. The child breathed normally. The opening in the cranium was hardly larger than the end of one's thumb. For the next six hours there was no seepage of the meningeal fluid, but after that it soaked the gauze, and as there was beginning necrosis at the top of the mass I decided after consultation with Dr. Fry, to do an operation, as leaving it meant certain death. Yesterday at noon when the child was thirty hours old I cut away this meningeal sac. The specimen is in three pieces. You can see how thin the skin is at the point of beginning necrosis. Within the meningeal sac was found a small piece of brain tissue. This was ligated, a catgut purse-string suture put at the base of the sac and the skin was closed with interrupted silk-worm gut sutures. The child showed but little immediate shock. It passed a good night, taking one or two ounces of milk diluted with water every two hours as well as rectal saline enemas. This afternoon there is a temperature of 102 deg. but it nurses, retains its food, and there is a possibility that the child will pull through.

Dr. Allison, who kindly assisted me in this operation, has assisted Dr. Lovett, of Boston, in two or three similar operations, and I understand the results are not discouraging, though none of Dr. Lovett's cases were as large as this one, or done so soon after birth.

DISCUSSION.

Dr. Walter B. Dorsett.—I have had no experience in meningocele in the new-born. As far as the other specimen is concerned he spoke of a necrosis of the ureter. Were the glands that were taken out along the ureter enlarged or attached to it? The question is, was the ureter involved in the malignant disease? Not long ago I had a case something like this. The growth seemed to be on the posterior wall of the uterus, and it had assumed the shape of the pelvis. It went around the ureters like a horseshoe, but I was enabled to remove it. Had it enclosed the ureter entirely I doubt if I could have removed it. This case was of particular interest to me on account of the absence of pain while there was great destruction of tissue. While it looked like a fibroid, microscopically it was found almost entirely carcinomatous in character, with very few fibroid elements. The question has long been discussed whether fibroid tumors become malignant, or whether they facilitate the growth of malignancy. This case may throw some light on the subject.

Dr. Henry Jacobson.—Where it is necessary to dissect the tissues outside of the uterine proper it would be much safer to introduce catheters into the ureters before the operation and leave them there throughout the operation. Then if the growth extends around the ureter it can be more readily removed, and there would be no danger of tying the ureter.

Dr. Taussig, in closing.—In reply to Dr. Dorsett, I found no enlarged glands in this case. I made, a search for them. I have given up trying to take out normal glands. In an old woman (over 70 years of age) I did not feel like trying to remove the normal lymphatic glands. As to the use of the catheter in the ureters, it is very dangerous for the reason that we often have to use clamps, and if we catch the ureter in the clamp the catheter may be broken. I know Dr. Sampson spoke to me about such an accident at Johns Hopkins.

Dr. Jacobson.—I believe he would be a careless surgeon to say the least, to clamp a ureter, when his fingers would so easily feel the ureter with the catheter inside. If he would clamp the ureter, the crushing of the delicate tissues would cause a necrosis, and as a result almost surely a fistula, and later if the fistula closes a stricture of the ureter.

PRESENTATION OF SPECIMEN OF FIBRO-MYOMA.

HENRY JACOBSON, M. D.

ST. LOUIS.

This was removed last month. The patient, age 39, never had children, a poor woman, had had severe pressure symptoms, which made an invalid of her and had been treated for sciatica and lumbago. I found upon examination an enlarged nodular uterus pressing against sacrum and diagnosed fibromyoma, and I operated on the 16th of last month. She made an uninterrupted recovery, and is entirely free from pain. You will see that the specimen is intermural would soon have become subperitoneal. There was no hemorrhage in this case, because it was not growing towards the endometrium. This tumor was situated in the inferior posterior wall of the fundus of the uterus; in this situation the growths always call for early removal on account of the distressing pains in back, and radiating reflex pains down the thighs. It also illustrates that too much stress must not be laid on uterine hemorrhage in suspected growths of the uterus.

SELECTED ARTICLE

THE PHYSICAL CARE OF SCHOOL CHILDREN.

ROWLAND GODFREY FREEMAN, M. D.

NEW YORK.

Lecturer on Pediatrics, University and Bellevue Hospital Medical School; Attending Physician Foundling Hospital and Nursery and Child's Hospital. The Seaside Hospital of St. John's Guild, New York.

It is probably the opinion of most physicians of this city who have the care of children that almost all school children are overworked, and that this is true in all grades of school life, in the kindergarten, the primary school, the secondary school; and the same is true of young men in the professional schools. This overworking is a natural tendency, because children are sent to school to learn certain facts and to receive mental training, and each institution is striving for a high standard of scholarship. Such a practice is apt to cause some physical wrecks, as we know is the case in New York, through a straining of the nervous system or on account of the lack of physical exercise caused by continuous application to studies, while indirectly by overworking the teachers who are apt to become neurasthenic, there is set up a reflected nervous irritabiilty in their pupils.

Under good surroundings that can be regulated, the care of children, both by parents and physician, is a source of considerable satisfaction and pleasure until they enter the kindergarten or school. Until that time they may be troubled occasionally with slight colds, with constipation, or with adenoid hypertrophy, but as a rule they may be kept in good health. As soon as the child is entered in the kindergarten infections are more apt to occur. Colds recur more frequently, and the ordinary acute infectious diseases of children are apt to break out. Whooping-cough, mumps, chicken-pox, and measles usually occur within a few years after the entrance at the kindergarten. As the child leaves the kindergarten and enters the primary school this liability to contract contagious diseases persists, while the prolonged concentration required in the school regime produces frequently, toward the end of the school year, certain nervous disorders, of which chorea and hysteria are the more common varieties.

The question naturally arises whether these disadvantages of our present school system are due to any defect in school methods, or whether they are only an accompaniment of a system of education that is necessary for each generation, and whether school life could in any way be modified to impart sufficient knowledge without impairing the health of the child, and with less liability of exposing the child to contagious diseases.

Let us first consider what are the essentials of the preservation of good health in children.

First, they need ample rest. They should have ten or twelve hours in bed at night, and often with advantage a nap after the midday meal.

Second. A proper diet: A moderate breakfast, a substantial but digestible dinner, and a simple supper. All these meals to be eaten slowly and well masticated.

Third. Fresh air. A child should be out-of-doors several hours a day, and when in the house should be in rooms well ventilated and provided with at least 1,500 cubic feet of air space per person.

Fourth. Freedom from dust and exposure to disease. Infections due to dust and the direct exposure to contagious diseases cause a large part of the sickness of school children.

Fifth. Freedom from worry and fatigue. Neurasthenia exists in earliest infancy and is common in school children. It is induced by anxiety, and particularly in children by prolonged application. The child can exert itself intensely for short periods without harm, but prolonged application produces marked fatigue.

Our experience tells us that when these five essentials of good health can be maintained—ample rest, proper diet, fresh air, freedom from infection and freedom from worry—there is usually little difficulty in securing prolonged good health. Our problem, then, is to ascertain whether such conditions are practicable for our school children. They are certainly not offered now to any school children. Can private or public schools be organized that would afford them?

The first condition, ample rest, may be obtained with our present school arrangements, except that with most classes no opportunity is allowed for a nap after dinner. This is not necessary in all cases, but is always desirable. The diet is also a matter for home regulation, except in public school children, but this opportunity for the children to take their hearty midday meal at leisure is often prevented by too small an allowance of time for the noonday recess. In some of our best schools but forty-five minutes are allowed for the child to go to his home, eat the most substantial meal of the day with meat, and return to school. One hour would seem to be too little for such a recess. The question whether our public school system should not provide one nourishing meal a day, at least to those children who are poorly fed at home, is a

matter that we cannot discuss here, although it is evident that the best work cannot be obtained from the underfed.

When we consider the lack of facilities of obtaining fresh air by our school children, we find one of the most potent elements in the production of disease among them. The defective ventilation of school buildings is in common with all public buildings, and the popular fear of a draught often interferes with a sufficient opening of windows.

In the consideration of outdoor play, it is necessary to separate the private school children from the public school children, and we must also remember that it is not sufficient to give all children an opportunity to get into fresh air if they will, but that it is necessary to force some children of natural sedentary habits to play out of doors.

Children go to school in the morning, remaining until noon; return at one, remaining until perhaps three, after which some will play in the streets and others return to their homes, having had practically no out-of-door play during the day.

New York has previously offered few facilities for outdoor play for school children. It seems to me that the provision for this outdoor play, which is essential to their health, and thus must be obtained if they are to do good school work, should devolve upon the educational authorities.

This problem may be solved to some extent by the public school, which could keep the children under supervision during the whole day, having a supervisor of physical exercise remain with them before and after school hours, when they could play in enclosed cages on the roofs or in adjacent public parks under supervision.

The important influence that such supervision would have, not only upon the physical condition but on their moral development, would be worth to the city far more than the expense for the suppression of crime when these children grow up.

In some of our best private schools provision for play under supervision is made, but such play is too often carried on in closed rooms, and not out of doors, so that a large part of the advantage that might accrue from it is thus lost. My own feeling is that the time will soon come when our best private schools will move to the suburbs of the city, where, instead of occupying a plot fifty by one hundred, they can have several acres of land. The child could sleep at home, go to the school in the morning, obtain the outdoor play there, and return to his home late in the afternoon. The parents would thus remain in touch with their children in a way not possible at boarding schools, while at the same time the children would enjoy the facilities for outdoor play which are such an advantage to our boarding school children.

The effort to protect school children from disease has brought about many improvements in our public school system, but has not as yet effected many changes in private schools, although some inspection exists in many of the latter. The excluding of sick children has never been as rigidly carried out as it should be to protect those that are well. So far as I know children with colds are excluded from only one private school in New York City, while it is well known that so-called colds are often an evidence of influenza, which is a very contagious disease; that they exist for three days preceding the eruption of measles, while what is known as a cold is the common phenomenon of the first two weeks of whooping-cough before the characteristic cough develops. If children with colds were absolutely excluded from our schools measles epidemics would not travel so fast, whooping-cough would be much less prevalent, and through the diminution of influenza school attendance would be markedly improved.

I was recently called to see a boy suffering from sore throat, who was attending a kindergarten class of eight children. I asked him whether the children had all been in attendance on the preceding day. He said no, that he was the only child there. I visited the school the following day and found no member of the class present, and on inquiry learned that one of the children had come to school with a slight cold the week before. Had that child been excluded it is not likely that the other seven children would have been absent at that time.

Next to colds, the most common evidence of contagious diseases in children may be said to be eruptions; so that no child with an eruption should be allowed at school until the eruption has been pronounced by a competent person is not an indication of a contagious disease. The presence of dust in school rooms as naturally a source of danger, and should be reduced to a minimum by careful and proper cleaning of the floors and furniture.

Fatigue in school children was well demonstrated in a scientific manner by Dr. Christopher of Chicago, who supervised some excellent work on the public school children of that city. By means of the ergograph, which tests motor activity in the middle finger, he examined a number of children in different schools. In each case he found their activity greatest when entering school at nine o'clock; that it diminished rapidly during the morning session, reaching its lowest point at noon,

when they were dismissed. At one, after returning, it had reached about the same maximum as at nine in the morning, and during the afternoon diminished even faster than during the morning. He found the same results in all the children tested, except in one group of four boys in one of the schools, who showed no deterioration in physical activity during the day. On investigating these cases it was found that the teacher of these boys had been absent, and while they had been in school all day they explained that they had been having a good time. It, therefore, appeared that this deterioration in physical activity, when present, was the result of prolonged application, and not of the confinement in school.

The relief of school children from worry and from fatigue from prolonged application can best be secured by shortened school hours, by short periods devoted to any one subject, and frequent recesses devoted to physical exercise. Such a scheme should be so worked out that, when controlled by some instrument such as that used by Dr. Christopher, school work would result in no appreciable deterioration

Through the kindness of Miss Carse, the principal of the Charlton school, I have tested for fatigue certain children under her care. I choose for the test children who were for the first time undertaking work that required concentration—that is, children of about seven years. I applied the Crampton test for fatigue, the comparison of pulse rapidity and blood pressure, taken standing and lying down, and the test with the ergograph.* The children were tested just after coming to school at nine o'clock and just before leaving at half-past twelve. In none of the children examined was any marked fatigue shown. Most of the tests average as good at twelve-thirty as at nine o'clock in the morning. The reason for this striking absence of fatigue may be found in the examination of the daily program. The school day lasts only from nine to twelve-thirty. The session consists of periods of but fifteen minutes devoted to any subject, and each fifteen minutes the children are alternately standing and sitting. The middle of the session is interrupted by a fifteen-minute recess out of doors, and an hour later by a five-minute recess spent in jumping through the seats. These observations of mine are too limited to base large conclusions upon, but the unusual absence of fatigue in most of the children examined would seem to indicate that the program was very successful.

*The writer is indebted to Professor E. S. Lee of the College of Physicians and Surgeons, Columbia University, for many valnable suggestions and for the apparatus loaned to him for the experiments.

There can be no question but that proper physical development is more important for our school children than any knowledge that can be imparted to them. The acquirment of knowledge accomplished by physical injury is harmful, not beneficial.

It is usually the case that when little children of five years, who have previously been kept out of doors all day, and have had no concentration on any subject, enter kindergarten classes, where a session of one hour should be sufficient, you will find two and one-half hours required, during which period not more than twenty-five minutes of recess is allowed. As they grow older, at ten years four hours will be required, with no more recess than the kindergarten child had, and with more time devoted to the preparation of lessons of the following day.

It is my opinion that for children between five and ten years of age not more than ten or or fifteen minutes should be devoted to any one subject, and that this period should be followed by five minutes of active exercise in the open air or with the windows open; that but one hour should be devoted to work by children of five years, and that not more than one-half hour should be added each succeeding year up to ten years; and that a part of school day should be out-of-door play in the afternoon under supervision.

To summarize, then, our ideal private school should be out of town, but within easy reach of the homes of its patrons. It should have short periods of study, separated by frequent recesses, and ample time allowed for a substantial midday meal, taken at leisure. The harder work should be given during the morning hours, the lighter work in the afternoon hours, to be followed by play out of doors, in which all the children must take part.

The ideal public school should take the children as many hours a day as practicable. They should come to school as early as eight in the morning and enjoy an hour's outdoor play under supervision before undertaking their tasks. The periods devoted to each subject should be short, with frequent recesses. At noon a nutritious but simple meal should be furnished them. In the afternoon the easier subjects, the manual work, and the preparation for the lessons of the next day should be taken up. Opportunity for out-of-door exercise under supervision until late in the afternoon should be provided.

In both private and public schools a much more severe examination for any evidence of contagious diseases should be made than at present. All children with colds should be absolutely excluded from school, and child-

ren with eruptions should be excluded until the eruption has been pronounced by a competent person noncontagious in character.—New York Medical Record.

THE king of the Belgians, as sovereign of the Congo Free State, is offering a prize of 200,000 francs, open to all nationalities, for the discovery of a method of successfully treating sleeping sickness.

KING EDWARD thinks the spread of sleeping sickness in Africa is one of international importance and has asked the Liverpool School of Tropical Medicine to submit a plan for the prevention of the disease. He promised his co-operation if it is in any way possible or practicable.

AT the meeting of the Association of Military Surgeons, held in Buffalo recently, it was announced that the Enno Sanders prize had been awarded to Major Pilcher for an essay on "The Training of the Medical Officer of the State Forces to Best Qualify Him for Local Service and for Mobilization with National Troops."

EPILEPSY.—Two remedies have recently been introduced for the treatment of epilepsy. One of these is verbenin, which has been highly recommended by a number of clinicians; especially in cases of gastrointestinal irritation from worms or other causes. The other is solomine, the alkaloid of the horse nettle. The plant has attracted a great deal of attention as remedy for the nervous irritability which render the epileptic more liable than ordinary persons to suffer from these explosions.—The Journal of Advanced Therapeutics.

DENATURIZED ALCOHOL will become a fact in this country on January 1, 1907. The rules and regulations have been published at great length by the Department of Internal Revenue. These provisions are being criticized by those familiar with the denaturizing of alcohol in Europe. It is, however, best to wait for a few months of practical tests before expressing an opinion on the feasibility of the government regulations. One point is, however, evident and that is the desire of the department to provide for the use of denaturized alcohol in the various arts and industries. The small distiller seems to have been left out of consideration so that farmers will not become distillers but profit by an increased demand for their alcohol making products. Every precaution, as might be expected, will be taken to prevent defrauding the government out of internal revenue.

THE MEDICAL FORTNIGHTLY

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THOMAS A. HOPKINS,
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Editorial Rooms, Suite 319-321 Century Building, St. Louis.

EDITORIAL

Honor for a Car Ticket.

LOCAL conditions seem to have designed these as days of reform in many walks and we, in the medical profession, are not finding our lives free from need of greater or lesser improvements. It is a little surprising that among the many suggestions as to needed medical reforms there has been such a speaking silence in the matter of contract practice; in many sections this has been heralded as the foremost foe of legitimate and honest medicine; societies have issued their pronouncement against it and have banded their individual membership in a pledge that it shall be effaced. Nothing of the kind has happened in St. Louis; we have struggled for the elimination of the "50-cent-a-month hospital" and against examining for life insurance for less than $5.00, and for many lesser reforms, are we to conclude that contract practice does not exist here? The suggestion seems something of a joke, for we all know that there is hardly a corporation doing business in our city which has not its physician, or its medical staff, and which is not getting medical service at rates which would surprise the average householder. We know of no legitimate reason why a physician should serve a corporation for less fee per case than he will allow the wage earner who sweats for every cent he gets, and pays his physician with a warning to his family that they must exercise economies, because he has done so. Economies! And that in the face of such economy as few of us know anything of. But the fattening corporation which deals in first dressings and plans for protection from subsequent damage suits, can buy physicians body and soul for a paltry $300 or $500 per year, and receive from him

in return, not only scientific service for which regular rates would net the doctor many times as much, but such protection in case of subsequent actions for legal redress as could not be bought in an honest market.

Patients from such a practice net the doctor very little per capita, but they are great as chair warmers, and to show that things are doing in the doctor's line, his is a busy office! To us such practice seems one of the worst prostitutions of medical honor that has been devised. The medical man's first interest should be in the patient and remedying his ailment, to consider the employing corporation and have thought of protecting it financially in connection with work on the case is much more reprehensible than is doing the work for a less fee than would be charged the patient were he to pay the bill himself. It is the patient every time who should have every consideration, concession and protection which it may be in our power to give, and he who sells these to an outside party is unworthy of the medical mantle.

It comes to our ears that there is another class of physicians in St. Louis which, while not openly employed by corporations, is tacitly pledged to their protection in return for favors received, we refer to those who ride on car tickets, and who are expected to interest themselves in case of emergency accidents in their neighborhood, and that to the advantage of the company. This would seem almost beyond belief, but the report comes with such persistence that there must be truth in it. How a man who holds a medical degree and poses as meriting the dignity which should be characteristic of every physician could allow himself to be party to such an arrangement is beyond comprehension. Honor for a car-ticket!! To what are we coming?

It is not the newly graduated and struggling physician who is in on these reprehensible practices. The contract physician is in the amen corner, and his voice is heard in call for reforms. To hint at unrighteousness when speaking of his character is like questioning the virtue of the gods, and is rarely tolerated and never given serious consideration.

These days of reforms and medical reforms are quite as much needed in high places as elsewhere; it is time to make the profession of St. Louis, of New St. Louis, above reproach, and lets make a clean job of it.

Subscribe for The Medical Fortnightly.

Errors in Medical English.

A recent issue of the Journal of the American Medical Association contains a communication from Dr. W. W. Keen, calling attention to some of the more common and distressing errors in medical English. The letter is one which merits wide republication, as every writer on medical subjects should be certain that his copy is free from the errors, and he should also have his attention drawn to the fact that his readers are critical and find it difficult to excuse bad English. Dr. Keen says:

"May I call attention to two very common instances of faulty English which I am constantly meeting in letters, in print, and in conversation? One is the assertion that 'the patient had no temperature.' I presume that the writer does not mean that the patient's temperature was zero, but that he had no rise of temperature beyond the normal. Certainly a temperature of 98.4 F. is universal in the well. Any rise above that should never be called 'temperature,' but a 'rise of temperature,' or 'an increase of temperature.' If temperature falls below 98.4, to 97 or 96 F., how would those who speak of any rise above 98.4 F. as 'temperature' designate such a fall—'less than no temperature?'

"The other instance is really an atrocious misuse of the language. I constantly hear it used orally. In a recent letter occurred the phrase, 'since my case, I have seen two others operated;' and in a single number of an admirable, well-known medical journal occurs the phrases 'the first case to be diagnosed or operated in P ——,' 'three further cases have been observed and operated here,' and two other similar transgressions.

"May I call attention also to a confusion of two similar terms? 'Tubercular' and 'tuberculosis' are constantly used interchangeably. At the last tuberculosis congress in Washington I proposed to the executive committee that we should recognize definitely in all our publications a distinction between the words as follows: Tuberculous shall be used only of those lesions caused by the tubercle bacillus. Tubercular shall be used in describing those lesions which resemble tubercles, but which are not caused by the tubercle bacillus, for instance, tubercular syphilid, etc. This suggestion was adopted and the proposed usage approved."

One reason why some people are still the happy possessors of an appendix is that they didn't have the price of the operation, and were never picked up unconscious on the streets.—The Trio.

The Hospitals of New St. Louis

BETHESDA FOUNDLING HOME.

THE HOSPITAL AND HOME FOR INCURABLES.

We present this issue excellent pictures of two of the Bethesda institutions, the Hospital and Home for Incurables and the Foundling Home. The Bethesda idea had its inception better than fifteen years ago in the hearts of some of God's faithful. Under the leadership of Mrs. Roger Hayne it has reached its present important position, being easily the largest protestant charity in our city. The Bethesda institution includes beside the buildings here pictured a Maternity Home and a Home for Old Ladies. The institution is conducted under a rational application of the faith principle. Mrs. Hayne is general directress, and the medical staff works under the supervision of Dr. E. W. Saunders.

REPORTS ON PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

SURGERY.

JOHN MCHALE DEAN, M. D.

Serum Therapy of Tetanus. — Nathan Jacobson and Herbert Pease (Annals of Surgery, Vol. xliv) treat the subject of serum therapy of tetanus. Of especial interest is the conclusion drawn after a close study of the reported cases in the literature. The authors concluded as follows: "As a prophylactic measure it merits our fullest confidence, but as a therapeutic agent after tetanus is fully established we are forced to admit that as yet no method has been discovered whereby it can be administered so as to reach effectively the toxin not free in the blood or lymph." Reports from clinics teem with the wonderful results received from the serum after the disease is established, but the reviewer's experience coincides with the above authors. Mild cases recover as well without the serum as with it, while severe cases invariably die in spite of all established treatment. The authors claim that intracranial or spinal injections accomplish as little good as subcutaneous and are far more dangerous.

Early Operation in Traumatic Intracranial Hemorrhage.—Murray (Annals of Surgery, Vol. xliv) makes a plea for early operations in intracranial hemorrhage and reports some interesting experience in his own practice. He is not accustomed to wait for definite focal sypmtoms, but relies on the compression symptoms, as shown by the choked disc and the high blood pressure, as shown by examination with the sphygmomanometer. The author reports several cases greatly benefited by this early operation. The technic is simple, merely trephine and enlarge the opening if necessary by the ronguer forceps. All blood clots are to be removed, and if the dura fails to show the normal pulsation synchronous with the heart's action it should be incised and all hemorrhage checked and blood clots removed. The dura is closed with catgut with or without drainage. Seldom do the adhesions formed between the flap and dura cause subsequent trouble.

Fracture of the Patella.—Ransonoff (Jour. A.M.A., Vol. xlviii) discusses the subject of fractures of the patella. Some interesting points are brought out by the author. In cases of fracture of the patella if extension is lost the capsule is torn as well as the parapatellar wings. In such cases operation is indicated if we expect to ever procure subsequent function. As for the treatment if non-operative measures are adopted the joint should be liberated after two weeks when massage and passive movements should be instituted. Operations should be performed within the first ten days. Suture of the fragments with absorbable material together with suture of the parapatellar wings of the quadriceps tendon are to be performed. Some surgeons are content with suture of the parapatellar wings alone, but one is doubly assured when the fragments are united at the same time. The day of wire is passed for so often does it cause trouble that necessitates its removal. When the fracture is stelate are badly splintered the author removes the patella entirely. In this paper the well known dangers from serious infection in operations about the knee are emphasized. Dr. Weir in discussing the subject states that he would rather have his abdomen opened than his knee-joint. In all operations about the knee scrupulous aseptic precautions should be used.

Surgery of the Biliary Tract.—J. B. Deaver, Philadelphia (Jour. A. M. A.) is in favor of removing gallstones whenever present, provided there are no contraindications, and also considers cholecystotomy the safest treatment of any frank attack of acute cholecystitis that does not subside under judicious medical measures in thirty-six or forty- eight hours. Operation is almost imperative if the attack is not the first and we believe from the history that gallstones are present. In mild recurrent cases, also, he considers operative interference indicated, and in the later stages of gall-bladder disease operation is also invariably demanded. In hydrops, cholecystectomy is required, as the closing of the cystic duct renders the gall bladder useless and there is constant danger of reinfection or even of rupture. Cholecystectomy is also indicated in gangrene and perforation, but not in empyema, except when of long standing and with the walls very extensively diseased. When gallstones exist the condition is more serious, and the patient is fortunate if they can be removed before they wander from the gall bladder. The advantages of operation in the latent stages are pointed out. Deaver protests against any indiscrimiate resort to cholecystectomy in operating for impacted stone in the common duct unless the gall bladder is very much diseased. He believes that its retention and drainage constitute a very valuable part of the after-treatment. When the infection has traveled beyond the gall bladder and involved the hepatic ducts, or even if the cystic duct is very much infiltrated, he would drain the common duct as well. This is not, in his opinion, a difficult

or dangerous procedure, but it requires to be done judiciously. There are times when the surgeon, against his will, is called on to operate for acute impaction of a stone in the common duct. The mortality in these cases is appallingly high, but with progressing infection it may be the only chance. The possibility of the pancreas being also involved is to be considered and this makes operation the more imperative when it occurs. In conclusion he mentions typhoid cholecystitis as a matter of importance and expresses surprise that it has not been more considered. Patients who during typhoid give evidence of biilary involvement should, if possible, undergo cholecystotomy on recovery if their symptoms persist, thus not only avoiding future serious disease, but also more effectually preventing their dissemination of typhoid infection from their intestinal tracts. Tabulated statistics of 216 cases are appended to the article.

OTOLOGY.

ALBERT F. KOETTER, M. D.

Relation Between Diseases of the Ear and Those of the Face.— (Baudebranche, Rev. valencia nor de aiencias medicas.— In the first part of his work author examines the functional optic disturbances, that is those without anatomical lesions. To explain these reflex phenomena on the part of the eye he demonstrates several clinical facts, among these a case reported by Verdos of reflex diplopic due to impacted cerumen; pain in the eye and tearing while extracting a polyp from the tympanic cavity (Mons). Hyperemia in catheterization of the tubes; blepharospasm, paresis of the orbicularis with logophthalmus in inflammation of the middle ear (Holt); strabismus and myosis in mastoiditis (Tillaux); paresis of abducens in inflammation of the middle ear (Gradenigo, Urbantschitsch); strabismus divergens (Spear); myosis of the iris by irritation of the otic ganglion (Moos, Cyon); nystagmus, rotary and horizontal, in suppurative inflammation of the middle ear; hemiopia, mouches volantes, mydriasis, nystagmus in Meniere's disease. The second part embraces the organic changes of the eyes following diseases of the ear: optic neuritis in otitic cerebral complications.

A Rare Case of Deaf-Mutism Following Purpura Hemorrhagica.—(Citelli, Archives Ital. di Otologia.)—A child of two suddenly seized with fever, no pain in limbs, soon after hemorrhagic spots appeared on the skin, which spread to the whole body excepting the face, first red, then black, and eventually yellow. No hemorrhage from or on the mucous membrane. Accompanying these phenomena marked cerebro-spinal symptoms, coma for fourteen days with paraparesis, especially on the right, reduction of sensibility of skin, more on right. Patellar reflex gone on right, reduced on left, no vomiting, no rigidity of neck, no paralysis of eye muscles, no symptoms of meningitis, no cases of cerebro-spinal meningitis in the vicinity, the fever varied from 37.5 deg. to 39 deg., pulse 95 to 150; no bloody urine, no albumen. During the disease child never uttered a sound, and could only be roused from stupor by shaking, never through loud calling. After recovery child remained totally deaf and had abnormal locomotion. This gradually improved. The deafness remained unchanged and by degrees lead to deaf-mutism. Examination of the ears revealed moderate retraction, no doubt due to fairly well developed adenoid vegetation. Author believes that deafness is due to hemorrhage into labryinth, as often occurs in other infectious processes, and we can therefore class the purpura hemorrhagica as a cause for deaf-mutism.

The Disturbance of the Sense of Taste in Chronic Suppurative Inflammation, Especially After Operative Interference.—Kauder, Archiv fuer Ohrenheilkunde.)— The work embraces besides a resumé of the literature on the anatomy, physiology and pathology of the chorda tympani and the tympanic plexus, fifty cases of clinical observation regarding this subject. For the practitioner the following conclusions are of importance. The chorda tympani is often involved in chronic middle ear suppuration. Total destruction of the chorda indicates extensive process of destruction, but its absence does not allow the contrary conclusion. The radical operation destroys the chorda forever. In the hammer-anvil extraction the chorda tympani is always torn. In a much smaller scale is the tympanic plexus altered by these procedures.

The Treatment of Suppurative Middle Ear Diseases by Bier's Method of Hyperemic Engorgement.— (Fleischmann, Monatschrift fuer Ohrenheilkunde.)— After Fleischmann discusses the reports of Keppler, Heine and Stenger on the above treatment and declares that the results by no means coincide. He describes the experience had at Politzer's clinic in Vienna by the use of hyperemic engorgement in suppurative middle ear disease. There were twenty-four patients with twenty-five diseased ears that were treated by this method, viz., nine acute suppurative middle ear inflammations without complica-

tions; twelve acute suppurative middle ear inflammations with mastoiditis; two chronic middle ear suppurations with acute mastoiditis; two cases of perichondritis. The technique of the engorgement method was that of Keppler, and the duration twenty to twenty-two hours per day, as a general rule borne well, the pain quieting affect did not appear as promptly as described by Keppler, proportionately the pains disappeared after from two to three days of daily treatment. The incision of periosteal abscesses was also done according to Keppler's method, on account of agglutination of wound margins and retenion of pus a small strip of xeroform gauze was inserted. As regards the remedial result Fleischmann constitutes the following: Of nine cases of uncomplicated acute suppurative middle ear disease, six were cured in from ten to twenty-three days, but shortening of the time of healing is not noticed in the favorable cases, so that the engorgement method in uncomplicated cases shows no better results than the present method of treatment. The other three cases showed no improvement and were finally cured by the introduction of the customary treatment in from ten to twenty days. Of the twelve cases of acute mastoiditis four healed in from seven to eighteen days by engorgement method, four were operated, partly because the condition of the patient did not improve; partly, because it grew worse. In four cases of acute mastoiditis there were pronounced periosteal changes of the mastoid process, so that they were operated without trying the engorgement method. Through the engorgement no operation was necessary in one case; three times it was postponed, but the operation was more extensive and the after-treatment longer. The two cases of chronic middle ear suppuration with mastoiditis, the acute symptoms subsided in from fifteen to twenty-one days of treatment, the otoscopic findings, however, remained the same, that is the mastoiditis changed from the acute manifest to the chronic latent form, in operating it was found that this condition had not been influenced by the engorgement method. The two cases of perichondritis showed no improvement after fourteen to twenty days treatment. These experiences, according to Fleischmann, make the use of this new method in otology rather serious, for the danger exists that the proper time for operative interference may be missed. It cannot be denied that some cases of mastoiditis are cured by hyperemic engorgement; on the other hand, it is certain that not all are healed, and we must be prepared, besides the good results, to experience many with fatal outcome.

MEDICAL MISCELLANY

TWELVE hours from the time of delivery the patient should have urinated. If no distress is occasioned, the physician may wait three hours longer before the catheter is passed.

AUSTRIAN COUNTRY DOCTORS STRIKE.—The medical profession of that country refuses to further vaccinate the poor people at two pence a head when horse doctors are paid eight pence a head for vaccinating cattle against disease. They also refuse to treat paupers for a price less than the government pays the barber for cutting the pauper's hair.

DR. MAX HEMPEL, aged forty-three, died from the effects of a surgical operation for cancer of the stomach, October 9. The doctor was a very prominent educator and lecturer among the German speaking people of St. Louis. His work in a religious way along liberal lines gave him prominence throughout America and attracted attention in Europe. He graduated in medicine a few years ago and returned from Europe quite recently, having taken additional medical work in that country.

COLDS ARE CONTAGIOUS, declares Dr. Frederick Treves. The common cold is of bacterial nature; it can be conveyed from person to person. "The germ would seem to linger in the haunts of men and to find pleasure in the madding crowd." Fishermen returning to port after a two months' voyage, during which they were free of disease, were very prone to catch cold. "The chilly blasts of the North Sea in the winter were unpleasant enough; but they were not laden with the cold-in-the-head bacillus, while the air of the cosy seaport was."

NEW YORK CITY'S TUBERCULOSIS HOSPITAL.—The sum of $225,000 has been appropriated for the erection of buildings on the site selected by the municipal authorities for the proposed tuberculosis hospital at Otisville, a settlement in Orange county, seventy-seven miles from New York City. The land has an altitude of about 1,400 feet, and it is proposed to provide the accommodation of about two hundred patients, who will be either persons in the incipient stages of the disease or convalescents from the hospitals. It is expected that the construction and equipment of shacks for patients will cost $80,000, and the dining room and kitchens $20,000 more. A barn for forty cows will cost $18,000. The power plant is to be built for $30,000, and the rest of the appropriation will go for dormitories for employees, roadways, paths, and general improvements.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

FAVORITE PRESCRIPTIONS

CHRONIC ULCERS AND SYPHILITIC DISEASES (YELLOW OINTMENT).—

℞ Hydrargyri chloridi miti..... gr. 50
Acidi tannici.....
Lycopodi.....aa gr. 12
Ungt (zinci oxidi) U.S. P..... ℥ 1

M. et ft. ungt. Sig. Apply as directed.—Med. Rev. of Revs.

GOUT OF THE FINGERS AND TOES.—Dr. John V. Shoemaker (Medical Bulletin, October, 1906) reports a case of gouty inflammation of the fingers and toes accompanied by nocturnal numbness of the extremities, extreme nervousness, headache, high arterial tension, etc. The blood condition was good the urine highly colored, acid, s.g.1029, uric acid abundant; no albumin or sugar.

Dr. Shoemaker prescribed locally to the fingers and toes, three times a day, pure oil of gaultheria, which gave immediate relief.

(1) For the gastrointestinal disturbance the following:

Strychnine sulphate..... 4-5th gr.
Dilute hydrochloric acid.. ½ oz.
Glycerite of pepsin enough
to make..... 6 ozs.

M. Sig. Two teaspoonfuls in a little water after each meal.

(2) For the nervousness the following:

℞ Extract of cannabis indica... ¼ gr.
Extract of hyoscyamus..... ⅛ gr.
Camphor monobromide..... 5 grs.
Cacao butter, enough for.... 1 suppos.

Mitte xx. Sig. Insert one into the rectum four times daily.

Galvanism, 10 to 30 milliamperes, once daily was instituted.

To act more decidedly on the gouty system, the following was subsqeuently given:

℞ Strychnine sulphate..... 1-60 gr.
Arsenic trioxide..... 1-30 gr.
Soluble iron pyrophosphate
Quinine sulphate.....aa 1½ gr.

M. Ft. pil 1. Mitte xx. One pill after each meal and at bedtime.

The improvement was marked and continuous.

SIMPLE CHRONIC LARYNGITIS.— In cases of simple chronic laryngitis the following combination is recommended by Yeo:

℞ Eucalyptol..... gr. iij
Spiritus camphorae..... f℥iv
Tinct. benzoini co. q. s. ad.. f℥ij

M. Sig.: Two teaspoonfuls to a pint of hot water and inhaled at bedtime and on arising.

After the morning inhalation it is recommended that the patient remain indoors for an hour or two. Locally it is advised that silver nitrate be applied as follows:

℞ Argenti nitratis..... gr. v-x
Aquae..... f℥ss

M. Sig.: Apply locally to the enlarged follicles of the pharynx.

As a lozenge to be dissolved in the mouth the following is recommended:

℞ Pulv. guaiaci..... 3ij
Olei caryophylli..... m. ij
Olei limonis..... m. x
Pulv. acaciae..... ℥ss
Pulv. sacchari..... 3i
Confectio rosae q. s.

LUMBAGO.—The linimentum belladonna may be used alone or in combination with other liniments in the treatment of lumbago as follows:

℞ Linimenti belladonnae.....
Linimenti chloroformi.....
Linimenti aconiti.....aa ℥j

M. ft. linimentum. Sig. One tablespoonful to be well rubbed into the painful area; the part is then to be covered with hot spongiopiline.—Jour. A.M.A.

MEDICAL MEMORANDA.

I have prescribed resinol ointment for four cases of pruritus ani recently, and have obtained relief. I have completely cured one case of eczema with the ointment, and I have a number of families who keep it on hand as a family medicine. —G. W. Smith, M. D., Ft. Smith, Ark.

A Matter of Spelling.—A trolley collided with a milk wagon and sent the milk splashing on the pavement. Soon a crowd gathered. "Goodness!" exclaimed a man. "What an awful waste!" A very stout lady turned and glared at him. "Just mind your own business," she snapped.—October Lippincott.

A Fair Test of Calcalith.—From Dr. Toland down in Texas, comes the statement: " There's nothing surpasses calcalith (Abbott). I gave it a fair test two weeks ago in a patient who had cystitis, prostatitis, urethritis and gonorrheal rheumatism and was passing "matter" (pus and blood) with his urine. He surely was in a bad condition, but calcalith with other alkaloidal remedies (calcium sulphide and tonics) soon brought him around all right."

Constipation.—As a rule the habitual use of purgative waters causes a constipated condition which may become chronic. This does not occur with carabana, which is tonic in its effects. It is consequently very useful for preventing not only the diseases directly attributable to constipation, but also for alleviating the remote reflex or sympathetic disturbances. It effects this result by removing the fecal matter, which not only acts as a local irritant and by its pressure interferes with the venous circulation, but also causes auto-infection by the elaboration of toxic alkaloids.

Fothergill, one of the highest English authorities on medicine, says that no treatment of respiratory affections is complete without appropriate tonic treatment. This explains why Gray's glycerine tonic comp. is so uniformly effective in both acute and chronic forms of bronchitis and laryngitis. It relieves the symptoms because of its local antiphlogistic properties and eradicates the disease because it antagonizes the ever-present element of systemic depression. The unique therapeutic value of Gray's glycerine tonic comp. can be best proven by a trial in those cases of general debility that have resisted all other tonic and reconstructive medication.

Coca Bases.—W. H. R., Chicago, Ill., writes to the editor of the Coca Leaf: "In the analysis of Vin Mariani I notice 'Coca bases.' If this means the alkaloid cocaine, why not say so plainly?" Coca bases means precisely what it designates, i.e., alkaloidal bases of the coca leaf, of which cocaine is but one among many. The several coca bases, while chemically analogous,differ markedly from each other in physiological action. Thus, while cocaine acts chiefly upon the central nervous system, other coca alkaloids, as ecgonine, benzoyl ecognine, hygrine, cinnamyl-cocaine, etc., act directly to stimulate muscle fibre while having little if any anesthetic action, direct or remote. The alkaloidal yield of coca varies with the quality as well as with the variety of leaf used. The large Bolivian leaf being rich in cocaine to the exclusion of the other alkaloids, is employed by chemists for the extraction of cocaine, while the small leaf varieties inversely being low in cocaine and rich in aromatic bodies and those alkaloids which act upon muscle, are employed medicinally for such physiological properties. A blending of these latter varieties of aromatic coca is employed in the preparation of Vin Mariani. It is the refinement of selection of appropriate coca from long years of experience, and skill in its preservation and manufacture, to which this unique tonic owes its restorative properties.—The Coca Leaf, March,1905.

The Use of Glyco-Thymoline in Obstetrics.—(By Geo. H. Shelton, M. D., Detroit, Mich.)—I am so gratified and pleased with the action of glyco-thymoline in the various conditions in which it is indicated, and especially so in obstetrics, that I can not endorse it too highly. I have used glyco-thymoline in obstetrical practice wherever sepsis is present or threatened, and can say candidly that I have yet to meet with disappointment. The result in every instance has been simply charming. Did not time forbid I could recount numerous cases in which the happy climax was attributable to the use of glyco-thymoline. But for the purpose of this paper the report of two cases in obstetrics will illustrate typically its wide field of usefulness in this branch of practice. Case 1.—Mrs. J., age 28. Multipara, was delivered at full term of a still-born child. It had been dead about ten days and was foully decomposed. Condition of mother was very critical. Temperature 102.5 degrees. Pulse 120. All symptoms of septicemia present. Two tablespoonfuls of glyco-thymoline to one pint of hot water as a douche three times daily, brought about a wonderful recovery in a remarkably short space of time. Case 2.—Mrs. S., age 19. Primipara. Premature labor, followed by puerperal fever. In this case the septic condition was such as to be truly alarming, but glyco-thymoline, two tablespoonfuls to one pint of hot water, to be used as a douche three times daily, produced a rapid recovery. In conclusion, wish to state that I find such general use for glyco-thymoline in obstetrics that I would not consider that I was fully prepared for any and all emergencies which might arise while attending a case of labor unless I had a supply of the above mentioned remedy on hand.

After Operations.—After an operation, be it simple or severe, it is always good practice to reinforce a patient's vitality. Gray's glycerine tonic compound is eminently useful for this purpose.

John Drew on Drawing Power.—A fellow actor was the subject of discussion at The Players Club not long ago;

"He is perfectly devoted to that blonde"—so Mr. Drew was informed. "His family think it a case of hypnotism."

"Seems more like chemical attraction," said the great actor thoughtfully.—November Lippincott's.

Just How to Manage Otorrhea.—(By F. E. Burgevin, M. D., of Spiro, I. T.)—Otorrhea, from the purulent middle-ear catarrh, the "running ears" of the laity, was at first my bete noire. I used the classic treatment of Pomeroy and others—syringing, insufflations of powdered boric acid, etc., sometimes with benefit, sometimes the reverse, but never by any chance curing any of them, until I dreaded to see a patient with cotton in his ears come into the office. Now I cure them in a few days or weeks without difficulty, and really prefer this class of cases to any other. When I was at the Manhattan Eye and Ear Hospital in 1890, Dr. Pomeroy said that one case had been under treatment nearly ten months and was slightly improved. He said that it required one or two years to cure this disease, and then it generally returned. My method of treatment is as simple as it is effectual, and any doctor after reading my description attentively can use it as well as I can and cure every case. Once daily I fill the ear with a warm solution of some good peroxide of hydrogen, beginning with a 35 per cent solution, and increasing the strength every day until the pure drug is used. Hydrozone is the same, only twice as strong, and I use it when I can get it simply from motives of economy. After cleansing the ear thoroughly, which at first may require twenty minutes to two hours, according to the foulness of the auditory canal, I then instill a few drops of glycozone (warmed) and close the canal securely with a bit of absorbent cotton. This is allowed to remain in situ until next treatment. The first cleansing should be very thorough, the peroxide being repeatedly instilled until all foaming ceases. In some cases it may require two, three or more treatments to cleanse the ear properly, especially if the lumen be occluded by a furuncle, or by swelling, or inspissated discharge. Do not be discouraged by any little difficulty like this, keep right on and you will finally succeed in getting the ear clean. After that it is plain sailing. Thenceforth the daily treatment need not consume more than ten to twenty minutes. It is better to treat the case every day, but I have had good success with patients who could not come oftener than once a week. Do not give the patient medicine to use at home and expect to cure him; and never tell him what you are using. In children who dread the procedure, I do not attempt much the first time or two, but strive to win their confidence, which is not ordinarily difficult, as the treatment is not at all painful and is always followed by a certain sense of relief, so that children who were in mortal terror of me at first will, after a few treatments, come to me of their own accord. Even babies of one or two years who would not suffer me to touch them at first, after experiencing the grateful relief afforded, will place the head on the chair in the proper position and gladly submit to the treatment.

When the diseased ear has once been thoroughly cleansed I consider my work as half done. Thenceforth improvement is usually very rapid, even old inveterate cases yielding in few weeks. Relapses occur, but are easily managed, and I have seldom had a second relapse. Of course, mastoid disease, necrosis, polyps, etc., must receive appropriate treatment; but I have no hesitation in saying that all simple, uncomplicated cases (which include the vast majority of all cases under one year's duration) may be cured by this treatment if it is properly and thoroughly carried out. Care must be taken to have the medicaments warm and not too hot—100 F. is about right—and to always stop up the ear with a bit of aseptic cotton before permitting the patient to leave the office. Be careful to use a piece of cotton of just the right size to securely close up the meatus; if too large it will work out, allowing the solution to escape and leaving the ear unprotected; if too small it will slip back into the canal and so fail of its effect. Never syringe the ears in otorrhea; it is risky and useless. I usually drop a little warm solution of sodium borate—5 per cent—in the ear to prevent a slight stinging which sometimes ensues when active steps are taken. I also dry out the canal with cotton on an applicator, but this should be carefully done with speculum, and the canal well lighted. These points are non-essentials, merely refinements which render the treatment a trifle more pleasant, perhaps, that is about all. The general health will probably require overhauling, indications being met as they arise. It is a good idea to regulate and antisepticise the bowels as a routine measure, using salines and intestinal antiseptics—e. g., the sulphocarbolates are needed. In the South especially, malarial and other miasmatic affections will often need looking after; also any other existing disease may require attention, but it is presumed that the practician will know how to handle these. We all ought to try to help each other; not one of us has much to learn; and in these brief talks it is my principal aim to set an example for the rest, hoping my little crumbs may some day come back to me in the shape of seasonable aid from some brother who has a few pointers himself and, like me, is willing to "whack up."—Kansas City Med. Record.